

SCC eFile

**2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

212543637

1.) CORPORATION NAME:

DUE DATE: **11/30/2012****Life Technologies Corporation**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1808874****CORPORATION SERVICE COMPANY****Bank of America Center, 16th Floor  
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	400,000,000
PREFER	4,202,942
CONVPA	2,202,942

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5791 VAN ALLEN WAY

CITY/ST/ZIP: CARLSBAD, CA 92008

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARK P STEVENSON  
TITLE: PRESIDENT  
ADDRESS: 5791 VAN ALLEN WAY  
CITY/ST/ZIP/CO: CARLSBAD, CA 92008

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OFFICER

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DIRECTOR

NAME: DAVID F HOFFMEISTER  
TITLE: Senior VP  
ADDRESS: 5791 VAN ALLEN WAY  
CITY/ST/ZIP/CO: CARLSBAD, CA 92008

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OFFICER

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DIRECTOR

NAME: PETER M LEDDY  
TITLE: Senior VP of HR  
ADDRESS: 5791 VAN ALLEN WAY  
CITY/ST/ZIP/CO: CARLSBAD, CA 92008

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OFFICER

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DIRECTOR

NAME: DAVID H SMITH  
TITLE: VP of Treas/Tax  
ADDRESS: 5791 VAN ALLEN WAY  
CITY/ST/ZIP/CO: CARLSBAD, CA 92008

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OFFICER

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DIRECTOR

NAME: JOHN A COTTINGHAM  
TITLE: SECRETARY  
ADDRESS: 5791 VAN ALLEN WAY  
CITY/ST/ZIP/CO: CARLSBAD, CA 92008

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OFFICER

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DIRECTOR

NAME: JOSEPH W. SECONDINE, JR  
TITLE: ASST SECRETARY  
ADDRESS: 5791 VAN ALLEN WAY  
CITY/ST/ZIP/CO: CARLSBAD, CA 92008

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OFFICER

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DIRECTOR

NAME:	GREGORY T LUCIER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR,CEO		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008		
NAME:	GEORGE F ADAM JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008		
NAME:	RAYMOND V DITTAMORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008		
NAME:	DONALD W GRIMM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008		
NAME:	BALAKRISHNAN S IYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008		
NAME:	ARNOLD J LEVINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008		
NAME:	BRADLEY G LORIMIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008		
NAME:	RONALD A MATRICARIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008		
NAME:	PER A PETERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008		
NAME:	DAVID U'PRICHARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008		
NAME:	David L Szekeres	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	5791 Van Allen Way		
CITY/ST/ZIP/CO:	Carlsbad, CA 92008		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kelli A Richard Chf Acctg Off. 5791 Van Allen Way Carlsbad, CA 92008	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ David LSzekeres		David LSzekeres,		11/13/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					